MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH \_\_Primary Registration District No.03 Registration District No. DO NOT WRITE AMENDED FILED MIV? ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY admission) VS 300 Mo. AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Inside Limits Length of stay in 1b St. Louis. Mo. St. Louis TÖWN TOWN Yes | No | c. FULL NAME OF (If NOT in hospital, give location) (If cutside, give location) Inside Limits d. STREET Reside on Farm 2724a Chariton 2724a Chariton INSTITUTION Yes □ No □ Yes ☐ No ☐ 3. NAME OF DECEASED First Middle 4. DATE Day Last Year (Type or print) Oct. DEATH Fred Mistler 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 8. DATE OF BIRTH 6. COLOR OR RACE 5. SEX 7. Married T Never Married [] Months Hours Widowed [ Divorced [ 11-13-1905 white male 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of\_working life, even if retired) St. Louis. Mo. USA Bartender Š 14. NAME OF HUSBAND OR WIFE 136, MOTHER'S MAIDEN NAME 13a FATHER'S NAME 匵 Evelyn Mistler Belle Bryant Fredmont Mistler 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unk Evelyn Mistler 2724a Chariton. <del>St. Louis Mo.</del> 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 CUME 10 MU IMMEDIATE CAUSE (a) ò 11 NSTEAD Conditions, if any, 1290-0 which have rise to above cause (a), stating the under-13 DUE 10 (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ Unknown AMENDMENTS ☐ Yes ☐ No 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.) HOMICIDE 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY PERFORMED? 20c. TIME OF Hou Month, Day, Year RIBBON INJURY a.m. p.m. USE BLACK INK COUNTY STATE 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK READ 3 ن د **IYPEWRITER** 63 10-30and last saw him alive on. 21. I arrended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. a.m Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 220. SIGNATURE ö AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) 23a, BURIAL, CREMATION, 23b. DATE Parklawn Cem. removal (Specify) Ö Lemay, Mo. 25. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR outhern Funeral Home

(Licensed Embalmer's Statement on Raverse Side)

1003

ا	I hereby co	ertify that the body w	hose name is recor	rded on the reve	erse side of this certificate was e	mbalmed by me,	
or by_		· · · · · · · · · · · · · · · · · · ·	<u> </u>		, Student Embalmer N	lo	
working	under my	personal supervision.			June Ople		
Student				Signer	THUIN CHE	ill_	
		Signature of Student Embala	ner		•	10117	٠,٠
-		• • •			Licensed Embalmer No	734/	1
-		,			P. O. Address 1241	5 avena	Lane
	Note: The	above MUST BE SIGN	NED BY THE LICEN	ISED EMBÄLMÈR	in his OWN HANDWRITING. (I	Failure to comply	•

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.